



## **TOWN OF SHEFFIELD NON-PROFIT REQUEST FOR FUNDING**

The Town of Sheffield's Select Board is seeking Requests for Funding from Sheffield-based non-profit organizations, non-profit organization based outside of Sheffield, and Town of Sheffield boards, which provide qualified services to Sheffield residents as a stated part of their mission statement.

For purposes of this grant program, qualified services include:

- Organizations who provide services to those experiencing unemployment, food, utility, or housing insecurity to underserved populations and/or low-to-moderate income residents;
- Medical care, including mental health services, where the recipient does not have insurance to cover the required reimbursement;
- Transportation assistance to underserved populations and/or low-to-moderate income residents;
- Any form of The Arts; providing any form of public service to underserved populations and/or low-to-moderate income residents; or proving space for public functions.

To be considered, 90% or more of the requested funding must be used to support the needs of Sheffield residents.

Proposals will be reviewed, and funding decisions made, by the Select Board. The Select Board reserves the right to ask for clarifying information and/or to request any information that may be needed to evaluate a submitted Request for Funding.

Recipient organizations will be required to file a letter with the Town stating how funds were spent. Funds must be spent and reported upon by December 15, 2024.

### **SUBMITTING A REQUEST FOR FUNDING**

A Request for Funding must be submitted by 3:00 PM September 1, 2023, via email to [Rlabombard@sheffieldma.gov](mailto:Rlabombard@sheffieldma.gov). Deadlines will not be extended. All Requests for Funding are time stamped upon submission through email. Requests that do not include all required information by the time deadline will not be considered.

Please complete the following. Leave nothing blank; enter "not applicable" where appropriate. Attach additional pages, as needed.

## **APPLICANT QUESTIONS**

### **1. ORGANIZATIONAL INFORMATION**

Name: \_\_\_\_\_

Popular Name or DBA (if different from legal name): \_\_\_\_\_

Address, including Town: \_\_\_\_\_

List your organization's Charter/Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your organization (check one):

☐ A nonprofit arts organization

☐ A nonprofit non-arts organization (i.e. social service, health and/or social justice nonprofit)

☐ Other: \_\_\_\_\_

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): \_\_\_\_\_

### **PRIMARY ORGANIZATIONAL CONTACT INFORMATION**

Identify the individual in your organization with the responsibility and authority to manage, complete, and sign your Request for Funding. If your organization is granted funds, this contact information will be used for all communications.

Primary Organizational Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long has your organization been in existence and providing the service for which you are seeking funding?

\_\_\_\_\_

### **FUNDRAISING**

How does your organization fundraise? \_\_\_\_\_

What was the date of your last fundraiser and how much did you raise? \_\_\_\_\_

(Please attach sample of this last fundraiser letter, advertisement, poster etc.

## 2. ORGANIZATION'S BUDGET

For this Request for Funding, Budget Size is the total operating revenue less in-kind for the most recently completed fiscal year. This number must correspond with the organization's most recently submitted Federal Form 990 (Total Revenue line 9 or 12). (For organizations with budgets over \$2M, this must correspond with the most recently completed audit.) Budget size should not include any revenue dedicated to a cash reserve, endowment and/or capital project.

Annual budget size: \$\_\_\_\_\_

## 3. COVID-19 IMPACT

How was your organization affected by COVID-19 from January 1, 2021 – December 31, 2022? How did this impact your organization and its delivery of programming or services?

---

---

---

---

What was the total amount of COVID-19 related losses incurred between 1/1/21 and 12/31/22?

---

## 4. HAS YOUR ORGANIZATION RECEIVED ANY FEDERAL, STATE, OR OTHER FUNDING DESIGNED SPECIFICALLY TO OFFSET COVID-19 NEGATIVE IMPACT? IF SO, HOW MUCH AND FROM WHAT SOURCE(S)?

Amount: \_\_\_\_\_ Source(s): \_\_\_\_\_

---

## 5. REQUIRED FINANCIAL FORMS FOR ALL ORGANIZATIONS – if requested.

☐ 501(c)(3) IRS determination letter as proof of organization's tax-exempt status with Federal Employee Identification Number (EIN)

☐ A submitted Federal Form 990 (2020 or 2021), 990-EZ or 990-N for the organization's most recently completed tax year ending on or after December 31, 2020 listing your address. Applicants with budgets of less than \$50,000 should submit a copy of their most recently completed 990-N or 990-EZ.

☐ Screenshot from the Massachusetts Secretary of State website showing "ACTIVE" Status.

## 6. REQUEST FOR FUNDING PROPOSAL, IMPLEMENTATION TIMELINE, & CERTIFICATION

*NOTE: Fund amounts up to \$25,000 may be requested.*

Amount of funding requested: \$\_\_\_\_\_

Describe your proposed use of the requested funds, how this aligns with the eligible listed services, to whom services will be provided in the Town of Sheffield, cost of such services, and timeframe such services will be provided:

---

---

---

Will these funds be used for an on-going program(s)? If YES, describe the program(s):

---

---

---

Will these funds be used for a one-time expenditure(s)? If YES, describe the expenditure(s):

---

---

---

Will these funds be used for a new program(s)? If YES, describe the new program(s) and purpose:

---

---

---

**Timing of funds:** Describe when requested funds are required, whether a lump sum is requested, or whether you are requesting several payments over time, and if yes, when?

---

---

Describe any existing and/or new partnerships and collaborations involved with this request.

---

---

---

With their signature the Executive Director, or other person authorized by your organization to legally sign this Request for Funding, certifies they have the authority to submit this Request for Funding to the Town of Sheffield's Select Board, and that the information in this Request for Funding is true, complete, and correct.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date signed: \_\_\_\_\_